223412

STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
Application For CLASS C TAXI CERTIFICATE from Island Taxi AND	DOCKET 2010 - 144 - 1
Shuttle Service	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: JOE Good, III	Telephone: 843-654-1022
Address: P.O. Box 1722	_ Fax: 843-884-3800
MT. Pleasant, SC 29465	_ Other:
be filled out completely. NATURE OF ACTIO	Commission of South Carolina for the purpose of docketing and must N (Check all that apply)
	Request for Name Change on Certificate
Application - Class A/A Restricted	Request to Amend Scope of Authority
Application - Class C Taxi	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter	Request to Amend Passenger Limit
Application - Class C Charter Bus	Request
Application - Class C Non-Emergency	Exhibit
Application - Class C Stretcher Van Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter TO TO TO THE PROPERTY OF THE PROPERTY O
Application Application	Letter RECETVED
Request for Extension to Comply with Order	Publisher's Affidavit APR 3 2 2016
Request for Order Granting Authority to Obtain a Certificat of Public Convenience and Necessity to be Rescinded	Reservation Letter PSC SC CLERK'S OFFICE
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.







OLSON, GOOD & BROWN P.O. BOX 1722 MT. PLEASANT, SC 29465 WWW.OLSON-GOOD.COM ECEIVED

APR 1 2 2010

FACSIMILE TRANSMISSION

T.T.Q. \$ ~~

TO: Docketing Dept., Public Service Commission SC Regulatory Office, Transportation Dept.

FROM: JOE GOOD, III

RE: Island Shuttle & Taxi Co.

DATE: April **9**, 2010

PAGES TOTAL: 20, INCLUDING COVER SHEET

APR 1 2 2010

PEGISO : CLERK'S OFFICE

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TREASURY DEPARTMENT CIRCULAR 230 DISCLOSURE: To ensure compliance with requirements imposed by the Treasury Department, we inform you that any U.S. federal tex advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

APR 1 2 2010

PSQ SC

CLERK'S OFFICE



JOE GOOD, III JOE.GOOD@OLSONFIRM.COM

April 7, 2010

VIA FACSIMILE ONLY 803-896-5199

Public Service Commission of SC Attn.: Docketing Dept. 101 Executive Center Drive Columbia, SC 29210

VIA FACSIMILE ONLY 803-737-0815

State of SC Office of Regulatory Staff Transportation Dept. 1401 Main Street, Suite 900 Columbia, SC 29201

To Whom It May Concern:

Enclosed please find an application for a Class C Taxi decal for Island Shuttle & Taxi Co., a sole proprietorship. The owner, Mr. Carroll, has filled this application out and has asked me to forward it to you. I also have the \$20 (twenty dollar) filing fee which I will forward via mail to the regulatory office.

With kind regards, I remain,

(3)

Yours truly.

JCG/

MOULTRIE OFFICE PARK, 501 BRAMSON COURT, SUITE 100 · MOUNT PLEASANT, SOUTH CAROLINA 29464 TEL 843.654.1022 · FAX 843.884.3800 WWW.OLSQN-GOOD.COM

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: Upell 12, 2010 **CLASS C - TAXI** Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. 1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) Island Taxi & Shuttle, LLC F-4 MATHIS FERRY R.D.

Street Address of Applicant Mailing Address of Applicant if different from street address 843-817- c445 Email Address 2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.) 3. Select Entity Type: (Check one) Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business. Corporation - List names and addresses of two principal officers.

1 of 9

P: 005/020

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

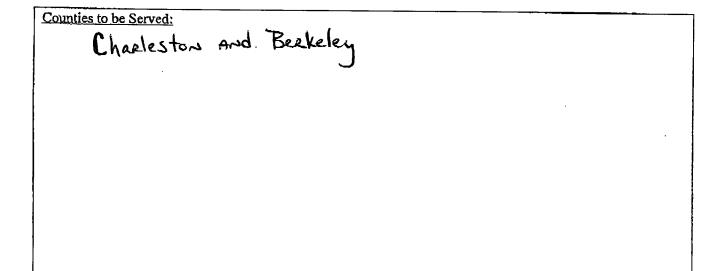
Balance at Time Application is Filed: \$8500.00

Month April Year 2010

Assets:	
Cash	\$5,000.00
Receivables	₹0.00
Real Estate	\$0.00
Buildings and Equipment (Net)	\$0.00
Motor Vehicles (Net)	\$3500.00
Garage Equipment (Net)	NA
Machinery and Tools (Net)	NA
Supplies on Hand	NA
Prepaids and Other Assets	NA
Total Assets	\$8500.00
Liabilities and Equity:	
Accounts Payable	None
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	V
Total Equity	
Total Liabilities and Equity	\$0.00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rate	s and Charges for Service	ce are as follows:	
\$10.00 FARE	For Anywhere	on Sulivans Isla	nd on Isle of Palms fee plus \$1.50/mile.
DR IN OTHER	LOCATIONS:	\$4.00 passenger	fee plus \$1.50/mile.



Maximum Number of Passengers per Vehicle:	7 (seven)

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODI	el vin#	ı	WEIGHT EMPTY	SEATING CAPACITY
		Town & Country		4059	7
					*
		4 1000			
	· · ·				
			· · · · · · · · · · · · · · · · · · ·		
	<u> </u>			<u>•</u>	
			•		

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE
The following insurance quote is for:
Cleveland C. Carroll, JR. Name of Motor Carrier
1175 Mathis Ferry Rd. Unit F-4, MT. Pleasant, SC 2946 Address of Motor Carrier
Amount of Premium: Limits Quoted: (See Below)
Liability Insurance \$ 3673.00 Limits \$500,000 CSL
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only: 1-7 Passengers \$ 25,000/50,000/25,000 8-15 Passengers \$ 25,000/100,000/25,000
Strat ford Insurance Company
P.O. Box 221389 Charlotte, NC 28222 Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
3/16/2010 See attached Document Authorized Insurance Company Representative's Signature
The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

INSURANCE QUOTE

The following insurance quote is for: Cleveland C. Carrier) (Name of Motor Carrier) 1175 mathis Ferry of Unit F-4 Inf. Blessant, SC 2916 (Address of Motor Carrier)
Amount of Premium: Liability Insurance 93673.00
The above quoted premium is for a term of months. Minimum Limits - Intrastate Only: 7500,000 CS+
1 - 7 passengers - 25,000/50,000/25,000 8 - 15 passengers - 25,000/100,000/25,000 Straffed Insurance Company Name)
Po Bry 22/385 (Wharletty 1C 28 222- (Home Office Address of Company)
is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina. South Carolina

Rev 5/07

Exhibit FWA

Caed	(1)	Cherchold	Dover	Cleveland	Ċ.	Carroll, Ja
		Name of Applica	nt			,

1.	Are there currently any ou	tstanding judgments against the Applicant? No
	If Yes, indicate nature of	judgement(s) against applicant.
	•	
		•
2.	Is Applicant familiar with carrier operations in South statutes and regulations?	all statutes and regulations, including safety regulations and governing for-hire motor South Carolina, and does Applicant agree to operate in compliance with these
	Yes	O No
3.	Is Applicant aware of the therewith?	Commission's insurance requirements and the insurance premium costs associated
	⊘ Yes	○ No

6 of 9

Exhibit on Driver Qualifications

1.	Applicant unders	tands that all drivers must be a	minimum of 18 years of age.
	Yes	O No	
2.	be maintained in	tands that a certified copy of the time that a certified copy of the state in with the Applicant's business office	ne driver's three (3) year driving record issued by the SC DMV which the driver is or has been domiciled for such period must
	⊗ Yes	O No	
3.	Applicant underst	ands that a criminal history beed in the Applicant's business	ackground check from the state where the driver currently lives office.
	Yes	○ No	
4.	Applicant underst their possession w state of residence	then operating a charter vehicl	a vehicle under a Class C Taxi Certificate must have in le, a valid driver's license issued by the SC DMV or the current
	⊗ Yes	O No	
5.	vehicles to drivers	ands that all Class C Taxi Cer s who are registered, or requin ement Division or any nationa	tificate holders are prohibited from employing or leasing ed to be registered, as sex offenders with the South Carolina I registry of sex offenders.
	Yes	O No	·
		:	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA COUNTY OF CHARLESTON	Cleveland C. Applicant's Signature
I, Joe Goed, III Name of Applicant's Represen	
	Applicant Convenience and Necessity as set forth in the foregoing, swear or above application are true and correct. Signature of Applicant's Representative
SWORN TO BEFORE ME This 12th day of April 20	Signature of Approxit's Representative
Notary Public Commission Expires 3-17-13	My Comm. Exp. 17-2013

Date of this notice: 04-12-2010

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 G

ISLAND TAXI & SHUTTLE LLC CLEVELAND C CARROLL JR SOLE MBR 1175 MATHIS FERRY RD APT F4 MT PLEASANT, SC 29464

For assistance you may call us at: 1~800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you This EIN will identify you, your business accounts, tax returns, and EIN documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE Apr 12 2010 SECRETARY OF STATE OF SOUTH CAROLINA

100412-0103 Filed: 4/12/2010 ISLAND TAXI & SHUTTLE LLC Filing Fee; \$110,00 ORIG Mark Hammond South Carolina Secretary of State

STATE OF SOUTH CAROLINA **SECRETARY OF STATE**

ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

Car	olina Code of Laws, as amended is	hich complies with Section 33-44-105 BLAND TAXI & SHUTTLE LLC	of the 1976 South
The	address of the initial designated office	of the Limited Liability Company in Sc	outh Carolina is
	5 MATHIS FERRY RD APT F4		
Stree	t Address		
MT	PLEASANT SC	294645216	
City		Zip Code	
	initial agent for service of process of the	e Limited Liability Company is Electronically for signature not recommendations.	iled on SCBOS quired.
	_	10.00	
	the street address in South Carolina for 5 MATHIS FERRY RD APT F4	Signature this initial agent for service of proces	s Is
and 117 Street	the street address in South Carolina for 5 MATHIS FERRY RD AFT F4	·	es is
and 117 Street	the street address in South Carolina for	this initial agent for service of proces	s Is
and 117 Street	the street address in South Carolina for 5 MATHIS FERRY RD AFT F4	this initial agent for service of proces	s Is
and 117 Street MT City The	the street address in South Carolina for 5 MATHIS FERRY RD AFT F4	this initial agent for service of proces 294645216 Zip Code	es ls
and 117 Street MT City	the street address in South Carolina for 5 MATHIS FERRY RD AFT F4 t Address PLEASANT SC name and address of each organizer is	this initial agent for service of proces 294645216 Zip Code	is is
and 117 Street MT City The	the street address in South Carolina for 5 MATHIS FERRY RD APT F4 t Address PLEASANT SC name and address of each organizer is JOE GOOD 111	this initial agent for service of proces 294645216 Zip Code	is Is
and 117 Street MT City The	the street address in South Carolina for 5 MATHIS FERRY RD AFT F4 t Address PLEASANT SC name and address of each organizer is JOE GOOD 111 Name	this initial agent for service of proces 294645216 Zip Code	is is
and 117 Street MT City The	the street address in South Carolina for 5 MATHIS FERRY RD APT F4 t Address PLEASANT SC name and address of each organizer is JOE GOOD 111 Name PO BOX 1722	this initial agent for service of proces 294645216 Zip Code	294651722

			Name of Corporation
	Check this box if the company is to be a term company.	If so,	provide the term specified:
	Check this box only if management of the limited liability managers. If this company is to be managed by manage initial manager:	compa	any is vested in a manager or each
	Check this box if one or more of the members of the comobligations under section 33-44-303(c). If one or more members, and for which debts, obligations or liabilities sumembers.	ıembe	rs are so liable, specify which
Unle	ss a delayed effective date is specified, these articles will	he effe	,
A		DC CC	ective when endorsed for filing by the
Secr	etary of State. Specify any delayed effective date and tim	e:	ective when endorsed for filing by the
Secritical	etary of State. Specify any delayed effective date and time or the state of the sta	e: he ora	anizers determine to include.
Set for Including operations	etary of State. Specify any delayed effective date and time or the same of the	e: he ora	anizers determine to include.

FORM REVISED BY SOUTH CAROLINA SECRETARY OF STATE, JANUARY 2005

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ISLAND TAXI & SHUTTLE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 12th, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 12th day of April, 2010

Mark Hammon O

Mark Hammond, Secretary of State

CARROLL CLEVELAND CARL JR 1175 MATHIS FERDY RD APT FA MT PLEASANT SO 290845216

Class: D Hgt: 6-07 Wgr; 310 Sex: M DOB: 07:24-1967 Issued: 05:78-2896 19068 M 2







S.C. DOCUMENT OF REGISTRATION B.C. DEPARTMENT OF MOTOR VEHICLES

DRIVER SI DEFISE

MARCIA S, ADAMS EXECUTIVE DIRECTOR

20328485

TITLE 770650203999992 EQUIPMENT NO.

COUNTY VEHICLE NO.

FLEET NUMBER

PLATE NUMBER P412707 PLATE CLASS TR

04/02/2009 ISSUE DATE 04/2011 04/2010 PLATE EXP. DECAL EXP.

1C4GP64L6VB377753

VIN YEAR

1987

MAKE BODY CHRY W TOWN &

MODEL VEHICLE TYPE 5 EMPTY / GVW 40

4059 1 5000

CUSTOMER NO. 22638408 CARROLL, CLEVELAND CARL JR

5055 HARBOUR LAKE DR APT 12A GOOSE CREEK

294455945

02888779



OFFICIAL 3 YEAR DRIVER RECORD

Customer No.: 22633408

Name : CARROLL, CLEVELAND CARL JR Address: 1175 MATHIS FERRY RD APT F4

: MT PLEASANT

County: CHARLESTON DOB: 07/24/1967

State: SC

ZIp: 294645216

Sex: M

Driver Training: N

Status - DL: NO SUSPENSION

CDL: NO DISQUALIFICATION

License Information

Type Class Function Issued First issued Rest. Endor. **Expires**

Current

03/01/2010 07/24/2015 06/09/1987 DL Modify Ν

Prior

DL Renewal 05/19/2005 07/24/2015 06/09/1987 N Re-exam 03/06/2001 07/24/2006 06/09/1987 DŁ N

Address Change -Address: 5055 HARBOUR LAKE DR APT 12A

GOOSE CREEK City:

State: SC

Date Changed: 03/01/2010

Zip: 294455945

Point Summary

Total Current Points:

Driver Credit:

Adjusted Current Points:

End of Report

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

Driver Services, Deputy Director

3/31/2010-11:42:46 AM

Fage 1